

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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14						
15						
16						
17						
18						
19						
20		①			1	
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29						
30						
31						
32		②				
33	1		1			
34						
35						
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37						
38		③				
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47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			↓	←
TOTAL CLAIMS						←